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ABSTRACT

Poetry therapy has been in use with adult psychiatric patients at Saint Elizabeths Hospital, Washington, D.C, for 10 years. The treatment used involves reading poetry, listening to recordings, studying poets, and writing poetry. The patients' choice of poems is not restricted by the staff, but different types of poetry appeal to different types of patients. The flexibility of poetry therapy has been found advantageous as a treatment modality in psychiatric nursing. (Author/PF)

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POETRY THERAPY IN PSYCHIATRIC NURSING

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POETRY THERAPY IN PSYCHIATRIC NURSING

Abstract

This paper presents a strong affirmation for the success of poetry therapy in the therapeutic community, even with the patients who had a history of keeping their feelings to themselves. Ms. Anderson stated that many of the patients would respond to something in the poetry that they themselves had experienced, thus redefining their relationship to the therapy group. The role of the nurse as therapist is pointed out as an additional plus whereby she/he can implement the "knowledge of the patients' daily living experiences as well as her knowledge of their cultural, emotional and intellectual background in the group process."

Catherine J. Anderson, M.S.N.

POETRY THERAPY IN PSYCHIATRIC NURSING

The use of Poetry Therapy at Saint Elizabeths Hospital began about ten years ago, when it was introduced into a Nursing Research project. At that time, we did not conceive of using poetry as a "therapy" in the formal sense of group psychotherapy, rather as a social-diversional activity. However, as the group evolved, we came to recognize the power of poetry as a therapeutic tool. We found, as Lerner (1973) describes, that the patients were "getting in touch with feelings and emotions, identifying and working them", and that the poetry was providing "understanding and catharsis...as significant as though an analyst were interpreting" for them.

Lerner (1973) states that: "Poetry Therapy can be used with a variety of individuals who suffer from a variety of medical and psychiatric problems. Exactly how it works, why, and when requires further research and elaboration. As in any new field, there are pro's and con's to be considered and therapeutic principles to be examined". It is also important in any new field that practioners share their experiences through conferences such as this.

Our experience with Poetry Therapy has been with adult psychiatric patients housed on a mixed (male and female) unit.

Because the ward is a research unit, the characteristics of the patient population periodically change. At times, the majority of patients may be acutely ill; at other times, they may have long-term, chronic psychiatric illness. We have found that our techniques in Poetry Therapy had to be changed according to the level of each group. The flexibility of Poetry Therapy makes it highly advantageous as a treatment modality in psychiatric nursing.

Our first Poetry Group included about fifteen recently admitted patients with diagnoses varying from depression to chronic alcoholism. Most were marked by overwhelming feelings of inadequacy despite strong areas of professional, educational and artistic competence. Over half the members had graduate level education. A wide range of techniques was possible with this group, who for the most part self-generated the activity. In addition to reading the poetry, this group had a need to see poems in the larger context of the life of the poet. Biographical sketches of the authors were read. The group was struck by the numbers of poets who suffered from insanity, deprivation or physical disease. One patient in the group readily identified with William Cowper (1731-1800) who had studied law for twelve years but attempted suicide when it came time for examinations and was committed to an asylum at St. Albans. This paralleled the patient's own experience with the bar examination. In discussing Cowper, he was able to project his own feelings and reveal more of himself than he had been able to do. Another poet, William Blake (1747-1827) experienced visions. "To him all nature was a vast spiritual symbolism, wherein he saw elves, fairies, devils, and angels". (Long, 1919) As a child he had visions of God, and as a man he thought he received visits from the souls of the great dead. Discussing this poet, who went on to fame as one of the most important romantic poets of the Eighteenth Century-helped the patients to realize that the hallucinatory process does not necessarily destroy one's life. After reading the biographies of poets, the group would seek lines in the poetry that would relate to the history.

Another technique used was to read poems to the group and elicit discussion before any identifying information about the author was provided. The group would say whether they thought it had been written by a man or woman, old or young person, etc. and why.

Members wrote poetry and brought it to the group where others would respond to the meaning and feelings expressed. This would be followed by the author's own interpretation. One member of the group was hospitalized for chronic alcoholism. He had alienated himself from staff and patients by his bitter, arrogant, sarcastic and insolent remarks, and his repetitious bouts of being drunk on the unit. In the poetry group he began composing; the themes of his poems were his experiences in Korea. One, concerned with orphaned children contained the following lines:

"Out there, somewhere, I hear them cry,
So pathetically all alone,
Their families gone; they saw them die,
No hymns this sin can atone."

Through the medium of his written poems, this patient was able to communicate inner feelings that he was otherwise unable to verbalize.

Another patient in the group was a depressed, middle-aged woman who revealed very little about herself. During a showing of a color-film in which Robert Frost reads his own works, a scene of yellow-leaved birches and a forked road illustrated "The Road Not Taken". At the point of the words, "Two roads diverged in a wood, and I - I took the one less traveled by", the patient burst into tears and left the room. In an individual session immediately after the group, she was able to tell us of a suicidal attempt she had made earlier in life because of divergent goals. This stimulus opened the flood-gates of information that this patient had been too ashamed to reveal in the past.

In this group, we also played records of poetry readings, such as "T.S. Eliot The Waste Land and Other Poems", "The Days of Wilfred Owen" (Richard Burton), Dylan Thomas' reading "A Visit to America and Poems", etc. The general format of the sessions was determined by group consensus, i.e. films, records, reading,

writing. An effort was made to have the members carry as much responsibility for the conduct of the sessions as is possible in an institution, i.e. obtaining source materials.

The second group was comprised of long-term, chronic schizophrenic patients who had been hospitalized for up to forty years. For these patients, a more directive leadership style was required. These patients, as a group, had a shorter attention span than the other group, and could not sustain lengthy ballads, or long recordings. The goals for this group were to promote socialization and self-expression, to provide patients with the opportunity to relate to each other and to share feelings and/or experiences through the medium of poetry.

We found that these "older" pateints enjoyed poems they could readily understand - those that have a fairly clear message, as well as a good sense of rhyme and rhythm. In general, these included poems that tell a story, holiday poems, descriptive poetry, passages from the bible, cultural poems, i.e. by Black poets, childhood reminiscences, and poems which have to do with everyday situations. An excellent beginning book in the latter classification is "More Poem Portra s" by James J. Metcalfe (1951). This book is a good introduction for patients who are unfamiliar with poetry and who might feel threatened by abstract works.

Forrest (1965) has pointed out the similarities between the language of schizophrenics and poets, specifically the exercise of paleologic, neologisms, metaphors, etc., as is illustrated in the works of E. E. Cummings. This may be part of the reason for poetry's therapeutic effectiveness, and offers interesting possibilities for research.

We have found that a particular advantage to the inclusion of poetry therapy in psychiatric nursing is that the nurse as a therapist can use her knowledge of the patients' daily living experiences as well as her knowledge of their cultural, emotional and intellectual background in the group process.

We would agree with other authors, i.e. Card (1969), Lerner (1973) who state that a successful poetry therapist must be acquainted with a wide variety of poetry, and must himself enjoy poetry. Mental Health personnel who become involved in Poetry Therapy find that they as well as their patients are continually in a process of discovery - in the poetry, within themselves, and with each other. The advantages of using this media are well presented in Jack Leedy's book Poetry Therapy (1969) by various authors. This book also presents some of the possible theoretical underpinnings of Poetry Therapy as discussed by experts in the field. Anyone about to establish Poetry Therapy in practice should read that excellent compedium.

There are differences of opinion among therapists as to whether or not the group leader should carefully screen out certain poetry with adverse themes. This issue was discussed in the SK&F Reporter (1966). We shared this article with our patients who strongly disagreed that their readings should be censored, and sofar, this has not been our practice. Our patients got a great deal out of Eithne Tabor's "Songs of a Psychotic" the now famous verses written by an author during the peak of her schizophrenic process. Among these are "Motive For Suicide", "Rejection", and "Despair" which deal with the theme of suicide. Often, the patients themselves select poetry with themes of violence, suicide, or death, or may themselves compose verses dealing with these subjects.

Since these subjects are discussed openly in the Therapeutic Community and in other groups, we do not curtail them in Poetry Therapy. This approach might be contra-indicated in other settings, and this is not to advocate that all suggested "do's and don'ts" for Poetry Therapy be disregarded. They should be considered, and evaluated in the light of the characteristics of the patient group, the professional preparation of the therapist, the degree of intimacy or relatedness of the therapist to the group, the level of sophistication of members, goals of the group, method of selection of participants and other variables. Above all, the leader should establish a framework within which he and the members are comfortable - with which they can cope.

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